

Declaration for Nomination and Oath of Candidacy

o 5	Filed this ECEIVE	,20
ON	Document # 0 2 2021	
FOR FILING OFFICE ONLY	Fee Paid: ash check	Credit
	By: DV:	
	Deputy or Filing Officer	

4	Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRET	TARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
Full name of office including district and/or department r	1100
Candidate Name (printed exactly as it should appear on the	= ballot): Aron R. Krischel
Mailing Address: 1004 3rd Ave NW	Great Falls 59404
Street or PO Box	City Zip Great Falls 59404
Residence Address: 1004 3dd Ave NW	
Street County of Residence:	City Zip Home/Mobile Phone: 719-651-2943 Work Phone:
Email Address: Krischel, aron @ 9 Mail. Co	OM Website Address:
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST	T COMPLETE THE FOLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appe	
Mailing Address:	Residence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST S	SELECT ONE OF THE FOLLOWING:
(a) I hereby affirm that I am either a resident of the coun	nty in which I am a candidate, if it contains one or more legislative districts, or of the
legislative district if it contains all or parts of more the	
(b) I hereby affirm that I will meet the residency qualifica	ration(s) in (a)above for 6 months preceding the general election and will notify the office
of the Secretary of State in writing when I qualify or if	f I do not qualify.
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID	
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath of Candidacy.
	OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: utional and statutory deadlines, the qualifications prescribed by the Constitution and law
the United States and the State of Montana.	allowed and statutory deductions, the qualifications prescribed by the constitution and late
Mon R. Kusch	6/2/2021
Signature of Candidate	Date
NOTARY PUBLIC OR AUTHORIZED OFFICER	
State of Montana CASCACC	
	June 20 21 by Avon R. Krischel
	Printed Name of Candidate
Where to file for Federal, Statewide,	m (Delharam)
State District and Legislative offices: Montana Secretary of State	<u> </u>
State Capitol, 2 nd Floor, Room 260	Signature of Notary or Public Official
PO Box 202801	M_{AMA}
Helena, MT 59620-2801	GENERAL POWERS Printed Name of Notary Public
Online: scs.mt gov By Fax: 406-444-2023	OFA I I
Where to file for County, City and	NOTARY NOTARY Notary Public for the State of WOYTTUY
most Local District offices:	BY 10 USC 1044A Residing at: NAIMSTAM MPB
County Election Office	STATES AIR
A list of county election offices may be found at: sos.mt.gov/elections	Residing at: NOTAHY BY 10 USC 1044A Residing at: NMSTVM NPB My commission expires: NM -, 20 1044A My commission expires: NM -, 20
TO THE PARTY OF TH	MILITAM N



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FFICE ONLY	Document # Fee paid:	Credit
요병	By: Deputy or Filing Officer	

Oath of Candidacy EGEIVE	Fee paid: cash check credit
JUN 2 1 2021	Deputy or Filing Officer
	COUNTY ELECTION ADMINISTRATOR AS APPLICABLE
office of: Full hame of office including district and/or department numbers if appli	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	yice Parence
Mailing Address	City and State Zip Code
1013 7th Avenue NW	Great FOUS MT 59404
Residence Address	City and State Zip Code
1013 7th Avenue NW	Grecet Falls My 59400
County of Residence Contact Phone 781-18 Email Add	res5hyC. Rutes 101010 Website Address
Cascao e (406) 4009 Shye	Detrera Stage Petga
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE F	OLLOWING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the ballot	:
Mailing Address:	Residence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE	FOLLOWING:
(a) I hereby affirm that I am either a resident of the county in which I am legislative district if it contains all or parts of more than one county, O	
(b) I hereby affirm that I will meet the residency qualification(s) in (a)about of the Secretary of State in writing when I qualify or if I do not qualify.	ve for 6 months preceding the general election and will notify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBL	IC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: story deadlines, the qualifications prescribed by the Constitution and laws of
the United States and the State of Montana,	tory dedunies, the qualifications prescribed by the Constitution and laws of
Blookly C. Dioteis	6-21-21
Signature of Candidate	Date
NOTARY PUBLIC OR AUTHORIZED OFFICER	
State of Montana County of COSCO CO Signed and sworn to before me this Signed day of County Signed and sworn to before me this Signed day of County Signed and Sworn to before me this Signed day of County Signed and Sworn to before me this Signed day of County Signed and Sworn to before me this Signed day of County Signed and Sworn to before me this Signed day of County Signed day of C	20 21 by Shula Patera
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801	Printed Name of Condidate Signature of Notary or Public Official
State Capitol Building, 1301 E. 6 th Ave 2 nd Floor, Room 260	Printed Name of Notary Public
Online: sosmt.gov/elections/filing/	State of Montana siding at Great Falls, Notary Public for the State of
	Montana Commission Expires February 21, 2023 Residing at:
County Election Office	My commission expires:, 20
A list of county election offices may be found at: sosmt.gov/elections	AMP] (

MARIE ELLEN JOHLYSON NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Suplice Feorus-y 21, 2023



Declaration for Nomination and Oath of Candidacy

LING	Filed thisday of	,20
FOR FILIN	Fee Paid: cash check	Credi
	Deputy or Filing Officer	

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ECLARATION AND	OATH OF CANDIDACY TO SE FILED WITH SECRETARY	OF STATE OR COUNTY ELECTIO	N ADMINISTRATOR	AS APPLICABLE	Scient Consent Military
Filing for office of:	Great Falls Neighborhood Counc	cil 2			X Nonpartisan
	e of office including district and/or department numb	pers if applicable	Name of Political Pa	rty	25
andidate Name	printed exactly as it should appear on the ball	lot): Frank A. Spe	eidel		
	917 4th Ave NW		Great Fa	lls	59404
raining Address.	Street or PO Box		City		Zip
esidence Addres	s:917 4th Ave NW		Great	Falls	59404
ounty of Resider	Street nce: Cascade	Home/Mobile Phone: (40	City 6) 231-4287	Work Phone:	None None
mail Address:	frank.speidel@gfc.msu.edu	Website Address	None		100 March 100 Ma
THIS DECLARATION	ON IS FOR THE OFFICE OF GOVERNOR, YOU MUST CON	MPLETE THE FOLLOWING INFOR	RMATION		
	nor Name (printed exactly as it should appear o	Calmara, Call Company of the Samual State Company			114
	, , , , , , , , , , , , , , , , , , , ,	F 80 F 7875	ress:		
hone:	Email Address:	Website Addre	ess:		
	IN IS FOR THE STATE LEGISLATURE, YOU MUST SELEC				
DATH OF CANDIDAG hereby affirm th	CY - CANDIDATE MUST SIGN IN THE PRESENCE OF A I at I possess, or will possess within constitution and the State of Montana.	NOTARY PUBLIC OR AN OFFICE	R OF THE OFFICE WI	HERE THIS FORM IS F s prescribed by the	JLED:
Signa	ature of Candidate		Date		
State of Montana County of	to before me this day of	20	by		
	or Federal, Statewide, and Legislative offices:	4	F	Printed Name of Co	ndidate
PO Box 202801	Floor, Room 260	Signat	ture of Notary or P	Public Official	
Helena, MT 596 Online: sos.r By Fax: 406-	nt gov_			nted Name of Nota	31
Where to file fo	r County, City and				State of
most Local Dist			Res	siding at:	
A list of county	election offices may	SEAL/STAMP!	Му	commission expir	es:, 20